



## *EASTERN AREA COORDINATING GROUP*

### **PRIORITY TRAINING PROGRAM NOMINATION FORM**

COMPACT/AGENCY \_\_\_\_\_ COMPACT/AGENCY PRIORITY \_\_\_\_\_ of \_\_\_\_\_  
EMPLOYEE NAME: \_\_\_\_\_ AGENCY/HOME UNIT: \_\_\_\_\_  
LOCAL DISPATCH OFFICE: \_\_\_\_\_  
TRAINEE POSITION APPLYING FOR (list only one) \_\_\_\_\_  
CURRENT "RED CARD" RATING \_\_\_\_\_  
5-YEAR "RED CARD" POSITION GOAL \_\_\_\_\_

#### **POINTS**

- \_\_\_\_\_ Trainee position is listed on one of the Type 2 IMT's identified in the EACG inventory.  
Provide IMT name \_\_\_\_\_ (1 Pt.)
- \_\_\_\_\_ Trainee position fulfills local agency initial attack (Type 3 Incidents) (5 Pts.)
- \_\_\_\_\_ Trainee position fulfills mutual aid/compact initial attack (Type 3 Incidents) (5 Pts)
- \_\_\_\_\_ Trainee position fulfills an agency requirement for position description/regular job (5 Pts)
- \_\_\_\_\_ Task Book is in 3rd year of issue (4 Pts)
- \_\_\_\_\_ Task Book is in 2nd year of issue (3 Pts)
- \_\_\_\_\_ Task Book is in 1st year of issue (2 Pts)
- \_\_\_\_\_ Employee needs trainee assignment to recertify in a position (4 Pts)
- \_\_\_\_\_ TOTAL POINTS

#### **COMMENTS/JUSTIFICATION**

#### **SIGNATURES**

I agree to follow the Guidelines and Standard Operating Procedures the Priority Training program.

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

I agree to support this program and make the above individual available for trainee assignments.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Agency Administrator Signature

\_\_\_\_\_  
Date

Attachment: IQS/IQCS Master Record